

Request for Police Records

Records access shall be during regular business hours, 8 am and 4 pm, Monday through Friday, excluding holidays.

Fees:

- 1) 40 cents per copied page given to a requestor.
- 2) 40 cents per page which is faxed to a requestor.
- 3) Actual cost of mailing shall be added to total page cost for documents mailed to requestor.
- 4) Actual costs associated with the reproduction of audio and/or video tapes not to exceed \$10.00
- 5) Actual costs associated with the reproduction of photographs.
- 6) Any Crash Reports \$5.00

Full Name of the individual requesting the d	ocuments.		
Full Physical and Mailing Address	City	State	Phone #
Are you the: Victim, Witness, complaining p	arty, insurance	e adjuster, par	ent, etc.
Name, address & birth date of victim or arre	stee		
Date time & location of incident type of incid	lent		
Name of the investigating police officer		Department (Case #
Reason for requesting a police report:			
Date & Time of Request Signature			
() Document approved for dissemination.	() Report not	approved for	dissemination
Reason Denied			
Date & Time of Release Receipt # Chief of I	Police or his de	esignee	